

INSTRUCTIONS FOR COMPLETING THE CIVIL SERVICE POSITION DESCRIPTION FORM (CS-214)

The following are instructions for completing this position description form. Please read them carefully and refer to them when filling out this form. When you are finished, you should detach these instructions and forward your position description to the appropriate person. Make a photocopy for your personal records.

ITEMS 1-14 TO BE FILLED OUT BY SUPERVISOR/APPOINTING AUTHORITY

- Items 1-13 Please be sure to fill out all of the boxes.
- Item 14 The General Summary of the position should describe the overall purpose/function of the position.
- This summary should be stated in no more than three or four sentences.

ITEMS 15-21 TO BE FILLED OUT BY EMPLOYEE (IF POSITION IS NOT VACANT)

- Item 15 The General Summary of a duty describes a major part of your position.
- Divide your position into its major parts. Most positions can be described within four to six general duties. For example, a secretary may have the following four areas:
 1. Preparing and maintaining office records.
 2. Preparing reports and correspondence.
 3. Receiving and screening visitors and telephone calls and providing information to others.
 4. Distributing mail.
 - Describe the specific task(s) you follow to complete **each** duty. The task statements should describe:
 1. What the worker does.
 2. For whom it is done.
 3. What is produced or why it is produced.

(E.g., interviews applicants to determine position skills and employment history; operates mowing equipment to maintain State properties.)
 - Be as specific as possible and do not combine two or more tasks into one statement. Below are some examples of well written and poorly written task statements.

Preferred	Not Preferred
<ul style="list-style-type: none">• Designs sampling methods for conducting studies. (Very precise.)• Examines employee's work product to evaluate employee's performance. (More specific and detailed.)• <u>Transports</u> boxes to stockroom. (Is ADA compliant because it focuses on <u>what</u> needs to be done and not <u>how</u> it is to be done.)	<ul style="list-style-type: none">• Assists in conducting studies. (Too vague, don't know what "assists" entails.)• Supervises three employees to assign tasks and reviews work product and performance. (Too broad, contains too many tasks.)• <u>Lifts</u> and <u>carries</u> boxes to stockroom. (Is not ADA compliant because it suggests <u>how</u> something is to be done. This could be seen as discriminatory, as one may be able to perform this duty with a reasonable accommodation.)

- **Also, remember to write the duties and tasks that currently exist, not as they will or may exist sometime in the future.**

- Item 16
1. Identify the decisions you make in the course of performing your position duties.
 2. Describe the effect they have on other people and/or program functions.
 3. Identify the consequences of your action or inaction.
- Item 17
1. Provide examples of when you need to go to your supervisor for assistance.
 2. Provide examples of the types of approval and review required by your supervisor.
- Item 18
- List significant **physical activities** that you perform in the position as well as any **unpleasant** or **hazardous** condition(s) that you are exposed to in the performance of your position duties. You must also include the **frequency** of each activity and condition. For example, a Storekeeper may have to “transport large boxes occasionally.” A Conservation Officer may be “exposed to wet and cold conditions periodically.”
- Following are some physical activities and physical conditions to assist you. You may list others not found below.
- Physical Activities:** Standing, sitting, climbing, stooping, balancing, kneeling, crouching, crawling, reaching, lifting, carrying, walking, running, and bending.
- Conditions/Hazards:** Wet, cold, heat, noise, dust, smoke, odors, fumes, fire, chemicals, vegetation, contaminated air, contaminated soil, contaminated water, and radiation.
- Item 19
- Include the names and Civil Service titles of persons you are formally assigned to oversee or supervise on an on-going basis.
- Item 20
- Please check the boxes that identify the activities you are formally assigned to perform for the people you oversee or supervise.
- Item 21
- This must be signed and dated if the position is currently filled by an employee. If it is vacant, the signature of the preparer (typically the supervisor) should appear.

ITEMS 22-28 TO BE FILLED OUT BY SUPERVISOR

- Item 22
- Please indicate the item number(s) you are referring to, then explain your exception.
- Item 23
- Please consult your ADA coordinator and the EEOC’s ADA Technical Assistance Manual for assistance in identifying the essential functions of this position.
- Item 24
- Address the following when completing this section.
- Has the organizational structure changed? Have reporting relationships changed? If so, when?
 - Have responsibilities and duties been added to the position? If so, why?
 - Has the type or level of supervision provided to this position changed? How (less, more)?
 - Are the duties more complex? How?
 - **Do not** just say that the position is now performing the work of the requested level, etc. This does not explain **how** the duties and responsibilities have changed to support the reclassification of the position.
- Item 25
- Give a general summary of the function of the work area and how this position fits into that function.
- Item 26
- List the level and type of formal education required (e.g., associate’s degree in geology). The listed position duties and tasks in the position description should support the level and type of formal education required.

List the amount and type of experience necessary to perform the position at this level. The amount of experience should be listed in annual increments, such as “two years of experience as a Departmental Analyst.” As with the educational requirement, the amount and type of experience should be supported by the position duties.

List any special knowledge, skills, and abilities that are necessary to perform the essential functions of this position. These are in addition to what the job specification requires and must be supported by the essential functions of the position.

List any certificates, licenses, or registrations required. These must be supported by the essential duties of the position. For example, a “current pilot’s license” should be required for an Aircraft Pilot position.

- Item 27 **Important:** Each position description **must** be signed and dated by the supervisor.
- Item 28 Please indicate the item number(s) you are referring to, then explain your exception.
- Item 29 This **must** be signed and dated by an approved appointing authority representative.

***IMPORTANT** — The following information outlines Civil Service Commission rules and regulations that relate to position reviews:

1. An employee’s position may be reviewed once every twelve (12) months. The twelve months begins on the date you were appointed to the position or the effective date of the last position review.
2. The effective date assigned to a position establishment or reclassification will be in compliance with Civil Service effective date regulations.
3. In addition to having your department submit a request for your position to be reviewed, you may choose to file a request for position review directly with Civil Service. Please include a completed position description and a cover memo explaining what classification action you are seeking. Send to:

Department of Civil Service
Bureau of Human Resource Services
400 South Pine
P.O. Box 30002
Lansing, MI 48909

Please refer to Chapter 4 of the *Michigan Civil Service Commission Rules* for the complete text of the rules.

State of Michigan
Department of Civil Service
Capitol Commons Center, P.O. Box 30002
Lansing, MI 48909

Federal privacy laws and/or state
confidentiality requirements protect
a portion of this information.

POSITION DESCRIPTION

This form is to be completed by the person that occupies the position being described and reviewed by the supervisor and appointing authority to ensure its accuracy. It is important that each of the parties sign and date the form. If the position is vacant, the supervisor and appointing authority should complete the form.

This form will serve as the official classification document of record for this position. Please take the time to complete this form as accurately as you can since the information in this form is used to determine the proper classification of the position. **THE SUPERVISOR AND/OR APPOINTING AUTHORITY SHOULD COMPLETE THIS PAGE.**

2. Employee's Name (Last, First, M.I.)	8. Department/Agency
3. Employee Identification Number	9. Bureau (Institution, Board, or Commission)
4. Civil Service Classification of Position	10. Division
5. Working Title of Position (What the agency titles the position)	11. Section
6. Name and Classification of Direct Supervisor	12. Unit
7. Name and Classification of Next Higher Level Supervisor	13. Work Location (City and Address)/Hours of Work

14. General Summary of Function/Purpose of Position

For Civil Service Use Only

15. Please describe your assigned duties, percent of time spent performing each duty, and explain what is done to complete each duty.

List your duties in the order of importance, from most important to least important. The total percentage of all duties performed must equal 100 percent.

Duty 1

General Summary of Duty 1

% of Time _____

Individual tasks related to the duty.

Duty 2

General Summary of Duty 2

% of Time _____

Individual tasks related to the duty.

Duty 3

General Summary of Duty 3

% of Time _____

Individual tasks related to the duty.

Duty 4

General Summary of Duty 4

% of Time _____

Individual tasks related to the duty.

Duty 5

General Summary of Duty 5

% of Time _____

Individual tasks related to the duty.

Duty 6

General Summary of Duty 6

% of Time _____

Individual tasks related to the duty.

<p>16. Describe the types of decisions you make independently in your position and tell who and/or what is affected by those decisions. Use additional sheets, if necessary.</p>				
<p>17. Describe the types of decisions that require your supervisor's review.</p>				
<p>18. What kind of physical effort do you use in your position? What environmental conditions are you physically exposed to in your position? Indicate the amount of time and intensity of each activity and condition. Refer to instructions on page 2.</p>				
<p>19. List the names and classification titles of classified employees whom you immediately supervise or oversee on a full-time, on-going basis. (If more than 10, list only classification titles and the number of employees in each classification.)</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center; width: 45%;"><u>NAME</u></th> <th style="text-align: center; width: 45%;"><u>CLASS TITLE</u></th> </tr> </thead> <tbody> <tr> <td style="height: 80px;"></td> <td style="height: 80px;"></td> </tr> </tbody> </table>	<u>NAME</u>	<u>CLASS TITLE</u>		
<u>NAME</u>	<u>CLASS TITLE</u>			
<p>20. My responsibility for the above-listed employees includes the following (check as many as apply):</p> <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Complete and sign service ratings. <input type="checkbox"/> Provide formal written counseling. <input type="checkbox"/> Approve leave requests. <input type="checkbox"/> Approve time and attendance. <input type="checkbox"/> Orally reprimand. </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Assign work. <input type="checkbox"/> Approve work. <input type="checkbox"/> Review work. <input type="checkbox"/> Provide guidance on work methods. <input type="checkbox"/> Train employees in the work. </td> </tr> </table>	<input type="checkbox"/> Complete and sign service ratings. <input type="checkbox"/> Provide formal written counseling. <input type="checkbox"/> Approve leave requests. <input type="checkbox"/> Approve time and attendance. <input type="checkbox"/> Orally reprimand.	<input type="checkbox"/> Assign work. <input type="checkbox"/> Approve work. <input type="checkbox"/> Review work. <input type="checkbox"/> Provide guidance on work methods. <input type="checkbox"/> Train employees in the work.		
<input type="checkbox"/> Complete and sign service ratings. <input type="checkbox"/> Provide formal written counseling. <input type="checkbox"/> Approve leave requests. <input type="checkbox"/> Approve time and attendance. <input type="checkbox"/> Orally reprimand.	<input type="checkbox"/> Assign work. <input type="checkbox"/> Approve work. <input type="checkbox"/> Review work. <input type="checkbox"/> Provide guidance on work methods. <input type="checkbox"/> Train employees in the work.			
<p>21. <i>I certify that the above answers are my own and are accurate and complete.</i></p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Signature</p> </div> <div style="width: 45%; text-align: center;"> <hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <p>Date</p> </div> </div>				

NOTE: Make a copy of this form for your records.

TO BE COMPLETED BY DIRECT SUPERVISOR

22. Do you agree with the responses from the employee for Items 1 through 20? If not, which items do you disagree with and why?

23. What are the essential duties of this position?

24. Indicate specifically how the position's duties and responsibilities have changed since the position was last reviewed.

25. What is the function of the work area and how does this position fit into that function?

26. In your opinion, what are the minimum education and experience qualifications needed to perform the essential functions of this position.

EDUCATION:

EXPERIENCE:

KNOWLEDGE, SKILLS, AND ABILITIES:

CERTIFICATES, LICENSES, REGISTRATIONS:

NOTE: Civil Service approval of this position does not constitute agreement with or acceptance of the desirable qualifications for this position.

27. *I certify that the information presented in this position description provides a complete and accurate depiction of the duties and responsibilities assigned to this position.*

Supervisor's Signature

Date

TO BE FILLED OUT BY APPOINTING AUTHORITY

28. Indicate any exceptions or additions to the statements of the employee(s) or supervisor.

29. *I certify that the entries on these pages are accurate and complete.*

Appointing Authority's Signature

Date